Exhibit A

FGC00000135BA

Claim Number:

KEITIH FISCHER, MICHAEL O'SULLIVAN, JOHN MOESER, LOUIS PIA, THOMAS BARDEN, CONSTANCE MANGAN, and CHARISE JONES individually and on behalf of all others similarly situated,

Plaintiffs,

V.

GOVERNMENT EMPLOYEES INSURANCE COMPANY d/b/a GEICO,

Defendant.

Case No. 23 Civ. 2848 (SJB) (SLT)

Consent to Join Form

- 1. I consent to be a party plaintiff in the above-captioned lawsuit against Government Employees Insurance Company d/b/a GEICO ("GEICO" or "Defendant"), and any related subsequent litigation filed in New York federal or state court, in order to assert claims for violations of the Fair Labor Standards Act pursuant to 29 U.S.C. § 216(b) and related claims under New York state law.
- 2. By signing and returning this consent form, I designate Outten & Golden LLP and Kessler Matura P.C. ("Plaintiffs' Counsel") to represent me and make decisions on my behalf concerning the litigation and any subsequent proceedings referenced in Paragraph 1, including in arbitration; the method and manner of conducting the case; the negotiation, terms and approval of any settlement; and all other matters pertaining to the lawsuit. I understand that reasonable costs expended on my behalf will be deducted from any settlement or judgment amount on a pro rata basis among all other plaintiffs. I understand that, if successful in the lawsuit, Plaintiffs' Counsel will petition the Court for attorneys' fees from any settlement or judgment in the amount of the greater of: (i) the "lodestar" amount, calculated by multiplying reasonable hourly rates by the number of hours expended on the lawsuit, or (ii) 1/3 of the gross settlement or judgment amount.
- 3. I understand that by returning this consent form and agreeing to participate in this case, I may be asked to produce documents, to provide information, and to give testimony at a deposition and/or at trial regarding my work for Defendant. I agree to be bound by any adjudication of this action by a court and/or arbitrator, whether it is favorable or unfavorable.

| Full Legat Name (please PRINT clearly) | |
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| Full Legal Name (please PRINT clearly) | Maiden or Other Names Worked Under |
| and Outh | 7,14,2025 |
| Signature | Date |

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Claim Number:

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| Signature | Date |

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